

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Gilb	David	A	(916) 322-5193
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
1515 S Street, Suite 400		Sacramento	Ca 95608 45811

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Department of Personnel Administration

Division, Board, District, if applicable:

Your Position:

Director

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: CalPERS

Position: Member, Bd of Administration

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☐ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is ____/____/____, through December 31, 2008.

☒ Leaving Office Date Left: 9 / 7 / 09 (Check one)

☒ The period covered is January 1, 2008, through the date of leaving office.

-or-

☒ The period covered is 1 / 1 / 09 through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 9-2-09
(month, day, year)

Signature

[Redacted Signature]

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

▶ NAME OF SOURCE <u>Various Persons</u> ADDRESS _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>9 / 3 / 09</td> <td>\$ 700</td> <td>Gift as part of retiremet</td> </tr> <tr> <td> / / </td> <td>\$ </td> <td>Party. No single gift</td> </tr> <tr> <td> / / </td> <td>\$ </td> <td>more than \$50.00</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	9 / 3 / 09	\$ 700	Gift as part of retiremet	/ /	\$	Party. No single gift	/ /	\$	more than \$50.00	▶ NAME OF SOURCE ADDRESS _____ BUSINESS ACTIVITY, IF ANY, OF SOURCE _____ <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> <tr> <td> / / </td> <td>\$ </td> <td></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	/ /	\$		/ /	\$		/ /	\$	
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